

## Workshop Session I

Wednesday, April 27 3:15 to 5:00 p.m. Julia

#### YOUTH IN CRISIS

Response Tools for Law Enforcement and School Resource Officers

> Sgt. Clifford Gatlin Stephen Phillippi Jr., Ph.D.



Gatlin



Phillippi

## ModelsforChange

Systems Reform in Juvenile Justice





#### Acknowledgements

- John D. & Catherine T. MacArthur Foundation
- National Center for Mental Health & Juvenile Justice
  - Joseph Cocozza, Ph.D., Director
- Mental Health /Juvenile Justice Action Network
  - Kathleen Skowyra, Associate Director
- Colorado Regional Community Policing Institute
- Monroe County, NY Office of Mental Health
  - Don Kamin, PhD, Chief, Clinical & Forensic Services
- LSU Health Sciences Center- School of Public Health
- Rapides Parish Police Dept & CENLA Volunteers of America





### Background

- National Juvenile Justice reform initiative funded by MacArthur Foundation
- Goal: To accelerate reform of juvenile justice systems through targeted investments in select states
  - core states: PA, IL, LA, WA
    - 4 partner states: CO, CT, OH, TX
- All identified "mental health" as a significant challenge in their juvenile justice system reform efforts



#### **Front-End Diversion**

Creating pre adjudicatory diversion opportunities for youth with mental health needs to be safely and appropriately diverted into community-based treatment:

- 1. Law Enforcement
- 2. Probation Intake
- 3. Schools



#### **Law Enforcement Diversion Initiative**

- Why CIT-Y?
  - Composition of juvenile justice system
    - 70% meet criteria for mental illness diagnosis¹
  - Most CIT training is adult focused

<sup>1</sup>Shufelt, J. L. & Cocozza, J. J. (2006). Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study. National Center for Mental Health and Juvenile Justice, Delmar, NY.



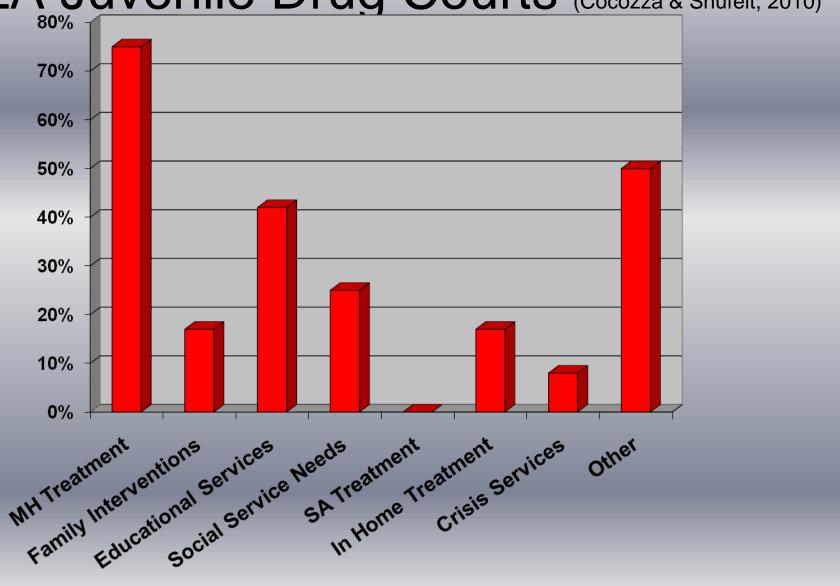
Middle School > FINS > Drug Courts > Detention > Incarceration

### **LOUISIANA DATA**

### Louisiana Prevalence Data

- Middle School Sample (N=1549) TeenScreen 2009
  - 18% screen positive for potential mental health issues, including risk of Depression, Suicide, & Anxiety
  - Top three contributing factors: Anger Mngt Issues with self and family; Family Violence (physical, sexual, emotional); Bullying (bully or victim
- FINS Sample (N=100) Phillippi 2010
  - 47% screen at risk of Depression/Anxiety
  - 28% screen at risk of Suicide
  - 21% screen at risk of Thought Disorder
  - 7% screen at risk of Substance Use

## Reported Unmet Service Needs in LA Juvenile Drug Courts (Cocozza & Shufelt, 2010)



## LA Detained & Incarcerated Levels of MH & Sub Abuse

Nat'l Center for MH & JJ (Shufelt & Cocozza, 2006)	LOUISIANA (n=406)	TX & WA (n=1031)
Any Disorder	73.5%	69.4%
Anxiety Disorders	42.8%	31.7%
Mood Disorder	21.9%	17.1%
Disruptive Behavior Disorders	47.4%	46.3%
Substance Use Disorder	52.7%	44.1%
SEVERE DISORDERS	37.0%	24%
MULTIPLE DISORDERS	61.5%	53.7%



#### **Law Enforcement Diversion Initiative**

- CIT-Y: Who?
  - CO, LA, PA
  - Contracted with CRCPI & consultants
    - 8-hour in-service for <u>CIT trained police officers</u>





#### Law Enforcement Diversion Initiative

- CIT-Y: When?
  - Developed 2008-09
  - Field Tested May/June '09; Revised 2010
  - Dissemination to Network States (LA, PA, OH, CN, WA, TX) via Train-the-Trainer sessions completed 2010-11
  - Final Revisions being made including feedback from MacArthur Foundation 2011





#### **Outcome Evaluation**

- Field Test (2009)
  - 115 officers / 3 States
  - Feedback: "helpful" "knowledge increased"
  - Pre-Post Evaluation: Increased knowledge demonstrated
- Future Evaluation Possibilities:
  - Compare CIT + CIT-Y trained officers vs. Non-CIT trained officers
    - Rate of verbal interventions vs. other interventions
    - Rates of transports to clinics/hospital
    - Rates of referrals
    - Rates of criminal charges





8-hour
Continuing Education Training





## Unit 1 Introduction





## 1. Introduction & Overview (CIT Course Director)

- Pre-Test
- Overview of the day
- Review the "diversion mindset"
- Film: Introduction to CIT for Youth





#### **Overview of Day**

- Child & adolescent development
- Child & adolescent psychiatric disorders and treatment
- Crisis intervention & de-escalation
- The family experience
- Legal issues
- Connecting to resources



#### Film: Introduction to CIT for YOUTH





# Unit 2 Understanding Adolescent Development





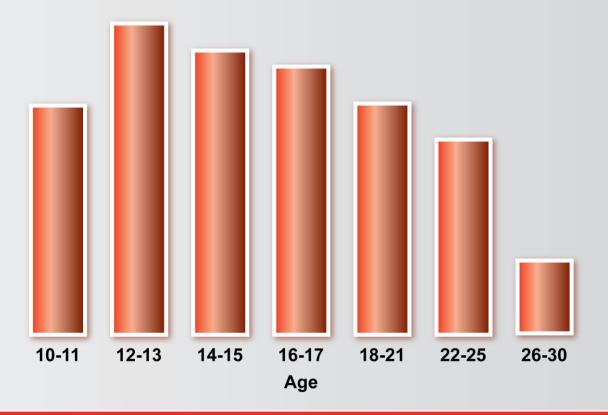
## 2. Adolescent Development (Mental Health Professional)

- Adolescent Development
  - physical, emotional & cognitive
- Brain development research
- Disruptions in normal development





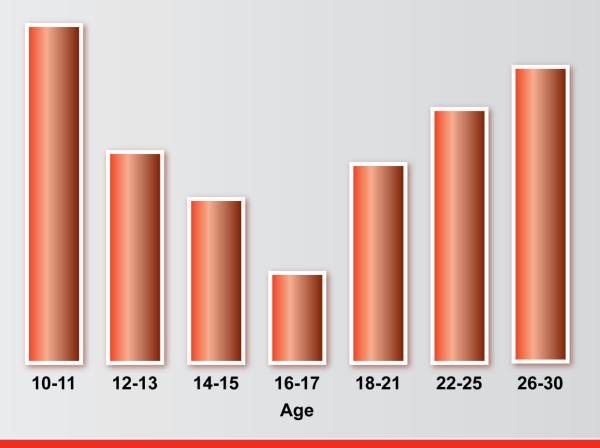
### Sensation-seeking Declines with Age



(Steinberg et al., 2008)



## Risk Perception Declines and Then Increases After Mid-adolescence



(Steinberg, 2009)



# Unit 3 Adolescent Psychiatric Disorders & Treatment





## 3. Adolescent Disorders & Treatment (Mental Health Professional)

- Myths / Misconceptions
- Signs of Disorders in Youth
- Disorders in Youth
- Coping with Trauma
- Suicide
- Introduction to Interventions
- Treatment What & Where
  - Medications



# Unit 4 Crisis Intervention & De-escalation





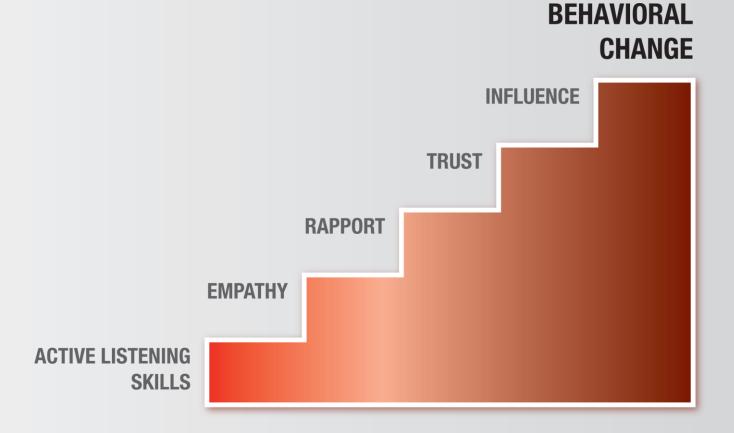
## 4. Crisis Intervention & De-escalation (Law Enforcement Officer)

- Triggers for Adolescents
  - Trauma
  - Relationship break-up
  - Others
- Communication
  - Active listening / empathy
    - With family members
    - With youth





#### **Behavioral Change Stairway**





### **Specific Situations**

- Frustrated & emotionally distraught
  - 14 y.o. female
  - Pacing & hand-wringing
- Hostile / aggressive
  - 15 y.o. male
  - Broke household items
- Suicide





## Mental Health Response vs. Criminal Arrest

- If crime, but no mental illness = Arrest
- If mental illness, but no crime = Diversion
- If crime + mental illness, consider:
  - Seriousness of crime
  - Lethality of risk to self or others
  - Capability of jail/lockup to manage/treat person
  - Wishes/concerns victim has expressed
  - Mental health history
  - Availability of services



## Demonstration of De-escalation Techniques

Video Role-Play



# Unit 5 The Family Experience





## 5. The Family Experience (Course Director & Family Member)

- Need parent partner from NAMI / MHA / Federation of Families for Children's Mental Health..
- Introduction by Course Director sets context
  - "Imagine what it's like... "
  - "Getting help is not always easy…"
  - "In desperation, families call police..."



#### **Parent Presentation**

- Experience of raising child with mental health needs
  - Law enforcement & juvenile justice experience
- Discussion
  - Questions / Answers
  - Improving relationships between law enforcement and families & between law enforcement and community family advocacy organizations



## Unit 6 Legal Issues





## 6. Legal Issues (Legal Expert)

- Review Federal statutes (FERPA, HIPAA, 42CFR)
  - Law enforcement exceptions
- Discuss State guidelines
  - Voluntarily seeking help
  - Emergency transports / hospitalization
- Review local procedures



# Unit 7 Connecting to Resources





## 7. Connecting to Resources (Local Experts)

- Emergency Services
- Outpatient Providers
- School-based Services
- Residential Facilities
- Others
- Support Groups (e.g., NAMI)
- Local Resource Cards



## Next Steps

- Final revisions with MacArthur Foundation feedback
- Determine any future dissemination and train-the-trainer sessions
- Consider options for outcome evaluation
- Finalizing the School Resource Officer (SRO) curriculum





# School Experience from the Youth Perspective

VIDEO



### Schools and CIT-Y

- School is in key position to assist youth in crisis
  - Identify mental illness/behavioral health issues earlier and refer to appropriate services
  - Observe, support, guide, provide feedback on progress
  - Benefits of intervention
    - Proactive crisis intervention
    - Increase academic performance & attendance
    - School safety & improved classroom behavior
    - Provide youth with access to needed services
    - School-based mental health services



## CIT-Y for SRO Objectives

- Understand the importance and benefit of using a CIT approach within a school setting
- Clarify the roles and responsibilities of SROs and other key stakeholders within the school environment as they relate to interactions with youth with mental health and/or behavioral health issues.
- Demonstrate skills specific to enhancing the SRO role on campus.



### CIT-Y SRO Curriculum

- Child & adolescent development
- Child & adolescent psychiatric disorders & treatment
- Crisis intervention & de-escalation techniques
- The family experience
- Legal Issues
- Schools and SRO's
- Connecting to resources
- Demonstrating and practicing skills to improve SRO interaction and communication with youth



#### For More Information

Stephen Phillippi, PhD at sphill2@Isuhsc.edu

National Center for Mental Health and Juvenile Justice <a href="https://www.ncmhjj.com">www.ncmhjj.com</a>

Models for Change www.modelsforchange.net





